

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	DEVICE AND METHOD FOR CONTROLLED EXPRESSION OF GASES FROM MEDICAL FLUIDS DELIVERY SYSTEMS
Attorney Docket Number::	355908-8201
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	15
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David G.
Family Name::	MATSUURA
City of Residence::	Encinitas

State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 859 Summersong Court
City of mailing address:: Encinitas
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Philip J.
Family Name:: SIMPSON
City of Residence:: Escondido
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 3185 Pioneer Place
City of mailing address:: Escondido
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Walter D.
Family Name:: GILLESPIE
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1327 Pacific Beach Drive #11
City of mailing address:: San Diego
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 92109

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Davis A.R.

Family Name:: KANBERGS

City of Residence:: Milton

State or Province of Residence:: ON

Country of Residence:: Canada

Street of mailing address:: 643 Clover Park Crescent

City of mailing address:: Milton

State or Province of mailing address:: ON

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: L9T 4T7

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Taras

Family Name:: WORONA

City of Residence:: Etobicoke

State or Province of Residence:: ON

Country of Residence:: Canada

Street of mailing address:: 6 Sapling Court

City of mailing address:: Etobicoke

State or Province of mailing address:: ON

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: M9C 1K9

Correspondence Information**Correspondence Customer Number::** 38706**E-Mail address::** PTOMailSiliconValley@foley.com**Representative Information****Representative Customer Number::** 38706**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CA2003/001645	10/28/2003 (Claims amended 8/10/2004)
PCT/CA2003/001645	An application claiming the benefit under 35 USC 119(e)	60/421,781	10/29/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee Name::** Vasogen Ireland Limited